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LEE, HONG, DEGERMAN, KANG & WAIMEY 660 S. FIGUEROA STREET Suite 2300 LOS ANGELES. CA 90017				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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			<u> </u>				(Signature)
							(Date)
APPLICATION NO.	D. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/724,557 11/26/2003 TITLE OF INVENTION; STRUCTURE AND OPERATION METHOD			Te-Hyun Kim DF BATTERY PACK		2	060-3-91	1237
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE		DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	08/30/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	٦			
WILLS, MONIQUE M 1795		1795	429-122000	1			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56).  Change of correspondence address (or Change of Correspondence Address form FTIOSH 22) attached.  Fee Address" indication (or "Fee Address" Indication form FTIOSH4T; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is lineate, no name will be printed.				
(A) NAME OF ASSIC	ess an assignee is ident in 37 CFR 3.11. Comp	THE PALENT (print of type) data will appear on the patent. If an assignce is identified below, the document has been filled for OT a substitute for filling an assignment.  (B) RESIDENCY (CITY and STATE OR COUNTRY)  SEOUL, REPUBLIC OF KOREA					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:			ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2290 (enclose an extra copy of this form).				
	SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no lon				
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